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Bib Data Sheet

CONFIRMATION NO. 5883

<b>SERIAL NUMBER</b> 09/874,507	<b>FILING DATE</b> 06/05/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> 10010130-1
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**APPLICANTS**  
Robert Stanley Arling, North Andover, MA;

**\*\* CONTINUING DATA \*\*\*\*\*** *No*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *No*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 08/03/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>SA</i>				

**ADDRESS**  
AGILENT TECHNOLOGIES, INC.  
Legal Department, DL429  
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P.O. Box 7599  
Loveland, CO 80537-0599

**TITLE**  
Method for dynamically including diagnostic findings in report summary

<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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